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Bib Data Sheet

CONFIRMATION NO. 2483

SERIAL NUMBER 09/919,286	FILING DATE 07/31/2001  RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 260/131
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## APPLICANTS

John D. Kersten, Port Jefferson Station, NY;

Alex Darian, Port Jefferson Station, NY;  
Raymond V. Damadian, Woodbury, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/222,080 08/01/2000  
*JMS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*(none) JMS*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>JMS</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 16	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 6
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## ADDRESS

BRANDON N. SKLAR  
KAYE SCHOLER, LLP  
425 PARK AVENUE  
NEW YORK, NY  
10022

## TITLE

Room for conducting medical procedures

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